

OFFICE OF STATE UNIFORM PAYROLL
REQUEST FOR DUPLICATE

To be Completed by Employee

Date: _____

Indicate Form Being Requested and Year

Year

Year

Year

Reason for request:

☐ Lost ☐ Never Received

☐ Other (explain) _____

Name _____ Social Security No _____
(Last) (First) (MI)

Current Mailing Address: _____

Requested by _____ Personnel No. _____
(Signature of Employee)

To be Completed by Agency Employee Administration

Personnel Area: _____

Agency Contact: _____ Telephone: _____
(Name)

Has mailing address been updated in LaGov HCM (if applicable)? ☐ Yes ☐ No Date: _____

Employee unable to request duplicate through LEO? ☐ Yes ☐ No Why? (Indicate below)

Remarks/special instructions: _____

To be Completed by OSUP

Disposition of duplicate

Received _____ by _____

Printed _____ by _____

Mailed _____ by _____